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Please type a plus sign (+) inside this box

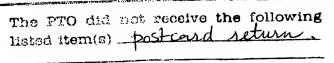
The Approved for use through 10/31/2002. OMB 0651-0032
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## UTILITY **PATENT APPLICATION TRANSMITTAL**

Prov.#1-3 Attorney Docket No. PUGLIESE, PETER T First Inventor USE OF ISOFLAVONES & COMB.

APPLICATION ELEMENTS  See MFEP chapter 600 concerning utility patent application contents.  ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, Dc 20231  The Fee Transmittal Form (e.g., PTO/SS/17)  The Fee Transmittal Form (e.g., PTO/SS/17)  The See Transm	(Only for new nonprovision	nal applications under 37 CFR 1.53(b))	Express Mail Label No.		
See MFEP chapter 600 concenting utility patent application contents   Washington, DC 20231	APPLICA	TION ELEMENTS	ADDDECC TO.		
Commuter Program (Appendio)	See MPEP chapter 600 cond	ceming utility patent application contents.			
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76  18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:    Continuetion   Divisional   X   Constmuelton-in-part (CIP)   of prior application No.: 60	1. X Fee Transmittal F (Submit an original and a Applicant claims s See 37 CFR 1.27 3. X Specification (preferred arrangemen - Descriptive tittle - Cross Reference - Statement Reg - Reference to se or a computer properties - Background of - Brief Summary - Brief Descriptic - Detailed Descriptic - Detailed Description - Claim(s) - Abstract of the Drawing(s) (35 U Description - Declaration - Newly execution - Reference - Copy from a series - Summary - Brief Description - Detailed Description - Claim(s) - Abstract of the - Drawing(s) (35 U Declaration - Declaration - Newly execution - Declaration - Newly execution - Declaration	orm (e.g., PTO/SB/17) duplicate for fee processing) small entity status.  [Total Pages	Washington, DC 20231  7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements venifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR.3.73(b) Statement (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. X Return Receipt Postcard (MPEP 503)		
or in an Application Data Sheet under 37 CFR 1.76:  Continuetion Divisionel Continuetion of prior application No.: 60 , 250, 397  Prior explication information: Examinar None Group Art Unit: None  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 55, is considered a part of the disclosure of the eccompanying continuetion or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS  Customer Number or Bar Code Lebel (Insent Customer, None Attachbar code) label here)  Or X Correspondence address below  Name ARTHUR R. EGLINGTON  113 Cross Creek Dr. R.D. # 5.  Address  City Pottsville, State Penna Zip Code 17901  Country United States Telephone 570-385-5021 Fax 385,2532  Name (Print Type) Arthur R, Eglington Registration No. (Attorney/Agent) 129,868	Signed standard in 1.63(d)(2)	stement attached deleting inventor(s) the prior application, see 37 CFR and 1.33(b).	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
Name  ARTHUR R. EGLINGTON  113 Cross Creek Dr. R.D. # 5.  Address  City Pottsville, State Penna Zip Code 17901  Country United States Telephone 570-385-5021 Fax 385,2532  Name (Printl Type) Arthur R, Eglington Registration No. (Attorney/Agent) 12,868	or in an Application Data Sheet under 37 CFR 1.76:  Continuetion  Divisionel  Continuation-in-part (CIP)  of prior application No.: 60 , 250, 397  Prior application information:  Examiner  None  Group Art Unit:  None  For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the eccompanying continuetion or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
Address City Pottsville, State Penna Zip Code 17901 Country United States Telephone 570-385-5021 Fax 385,2532  Name (Printl Type) Arthur R, Eglington Registration No. (Attorney/Agent) 12,868	(Insert Customer No. or Attachtearcoccyllabet hare)				
Address City Pottsville, State Penna Zip Code 17901 Country United States Telephone 570-385-5021 Fax 385,2532  Name (Printl Type) Arthur R, Eglington Registration No. (Attorney/Agent) 19,868	Name ARTHUR R. EGLINGTON				
Country United States Telephone 570-385-5021 Fax 385,2532  Name (Printl Type) Arthur R, Eglington Registration No. (Attorney/Agent) 12,868	Address				
Name (Printl Type) Arthur R, Eglington Registration No. (Attorney/Agent) 19,868	City	Pottsville,	State Penna Zip Code 17901		
May 20 200	Country	United States Tel	ephone 570-385-5021 Fax \$85,2532		
Signature Date 1100 20, 209, aurden Hour Statement: This form is estimated to take 0.2 hours to complete. Time viil vary depending upon the needs of the individual case. Any comments of	Signature	antha 1 Eglin	Date Nov. 20, 200		

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## **FEE TRANSMITTAI** for FY 2001

Petent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT** 

Complete if Known				
Application Number	To be asg	d.		
Filing Date	Nov.	2001		
First Named Inventor	Pugliese,	Peter	T.	
Examiner Name		,		
Group Art Unit				
Attorney Docket No.				

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. ADDITIONAL		
Deposit	Large Entity	Small Entity	
Account Number	Fee Fee Fee Code (\$) Code	Fee Fee Description (\$)	Fee Paid
Deposit Account Name	•••	65 Surcharge - late filing fee or oath	
Cherge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227	25 Surcharge - late provisional filing fee or cover sheet	
Applicant claims small entity status.	139 130 139 1	30 Non-English specification	
See 37 CFR 1.27	147 2,520 147 2,	520 For filing a request for ex parte reexamination	
2. Y Payment Enciosed: Check Credit card Money Order Other	112 920* 112	920* Requesting publication of SIR prior to Examiner action	
FEE CALCULATION	113 1,840* 113 1	,840* Requesting publication of SIR after Examiner action	
1. BASIC FILING FEE	115 110 215	55 Extension for reply within first month	
Large Entity Small Entity	116 390 216 1	95 Extension for reply within second month	
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	117 890 217 4	45 Extension for reply within third month	
XX	118 1,390 218 6	95 Extension for reply within fourth month	
101 710 201 355 Utility filing fee 7 370 106 320 206 160 Design filing fee	128 1,890 228 94	Extension for reply within fifth month	
107 490 207 245 Plant filing fee	119 310 219 1	55 Notice of Appeal	
108 710 208 355 Reissue filing fee	120 310 220 1	55 Filing a brief in support of an appeal	
114 150 214 75 Provisional filing fee	121 270 221 1	35 Request for oral hearing	
	138 1,510 138 1,	510 Petition to institute a public use proceeding	
σσσισιλε(ι) (ψ)	140 110 240	55 Petition to revive - unavoidable	
2. EXTRA CLAIM FEES Fee from	141 1,240 241 6	20 Petition to revive - unintentional	
Extra Claims below Fee Paid	142 1,240 242 6	20 Utility issue fee (or reissue)	
Total Claims20** = X = X =	143 440 243 2	20 Design issue fee	
Claims -3	144 600 244 3	00 Plant issue fee	
Multiple Dependent	122 130 122 1	30 Petitions to the Commissioner	
	123 50 123	50 Processing fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Description	126 180 126 1	80 Submission of Information Disclosure Stmt	
Code (\$) Code (\$)  103 18 203 9 Claims in excess of 20	581 40 581	40 Recording each patent assignment per property (times number of properties)	
102 80 202 40 Independent claims in excess of 3	146 710 246 ;	355 Filing a submission after final rejection	
104 270 204 135 Multiple dependent claim, if not paid		(37 CFR § 1.129(a))	
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 3	For each additional invention to be examined (37 CFR § 1.129(b))	
110 18 210 9 ** Reissue claims in excess of 20	179 710 279	355 Request for Continued Examination (RCE)	
and over original patent	169 900 169 9	900 Request for expedited examination of a design application	
SUBTOTAL (2) (\$)	Other fee (specify) _	·	
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic	Filing Fee Paid SUBTOTAL (3)	

SUBMITTED BY				Complete (if applicable)
Neme (Print/Type)	ARTHUR R, EGLI	INGTON Registration No (Attorney/Agent)	1 19-000 1	<sup>Telephone</sup> 570-385-5021
Signeture	bulled /	allowers		Date Nov. 20, 2001

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.